

NET Candidate Registration Form



Once this form is completed please return it to your assessment centre. All fields are mandatory.

To view how NET uses candidate data please view our Privacy Policy at www.netservices.org.uk/policies

Type of assessment (Please tick)

AM2	<input type="checkbox"/>	AM2S v1.0	<input type="checkbox"/>	AM2S v1.1 / 1.2	<input type="checkbox"/>	AM2SN	<input type="checkbox"/>	AM2E	<input type="checkbox"/>
AM2E v1.1	<input type="checkbox"/>	AM2D	<input type="checkbox"/>	AM2ED	<input type="checkbox"/>	Cable Jointing	<input type="checkbox"/>		

Candidate details (Please complete all fields)

Title	<input type="text"/>	First Name	<input type="text"/>		
Last Name	<input type="text"/>				
Date Of Birth <small>(DD / MM / YYYY)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NI Number <small>(or PPS/Social Security number for candidates from Channel Islands/ROI)</small>	<input type="text"/>
Email	<input type="text"/>		Mobile Number	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>			Postcode	<input type="text"/>

Apprentice (Please tick)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	U.L.N.	<input type="text"/>
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Funding (Please tick)

England 16-18 Apprenticeship funded	<input type="checkbox"/>	England 19+ Apprenticeship funded	<input type="checkbox"/>	Other Funding Method <small>(i.e. Apprentices outside of England)</small>	<input type="checkbox"/>
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Awarding Body (Please tick)

City & Guilds	<input type="checkbox"/>	EAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Other	<input type="checkbox"/>	<small>(Please specify)</small>	<input type="text"/>
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Does the candidate require any reasonable adjustments? (Please tick)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, the Reasonable Adjustments Request Form must be submitted and evidence provided. See the separate form and policy at www.netservices.org.uk/policies
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Recognition of Prior Learning <small>(Please tick)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Current Employer *(Please complete all fields)*

Company Name

Email

Contact Name

Contact Number

Address 1

Address 2

Address 3

Address 4

Town

Postcode

If you have no employer or are self-employed please put **SELF EMPLOYED** or **NIA**

Training Provider/Certificate Issuer *(Please enter the details of the training provider or college where you gained the qualifications to enable you to apply for this assessment. This section is mandatory. Please complete all fields.)*

Company Name

Email

Contact Name

Contact Number

Address 1

Address 2

Address 3

Address 4

Town

Postcode

PRIVACY NOTICE: NET and the Assessment Centre you attend are both Data Controllers for the purposes of Data Protection Law. Where applicable they will jointly uphold your rights. Information that you include in this form is necessary for the completion of your assessment and will only be shared between the Controllers for this purpose or their professional or legal obligations. In accordance with our terms and conditions, all units of the assessment must be completed within 24 months of commencement. We are required to retain a photograph of you to enable the verification of your identity. Specifically, photographs are retained for either 6 months after you pass the assessment, or 6 months after the 24 month period has expired. Other data is kept in accordance with our data retention policy. For full details of NET's policy on Data Protection please visit www.netservices.org.uk or the website of your assigned Assessment Centre.